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	_			(E)	PADEMA	46	tent an	-	rk Office; U.S.			COMME
	PATENT A	PPLICATIO	N FEE DI	ETER			RD		pplication or 4605.003	Docke	t Number	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL	ENTITY	OR	OTHER T	
FOR NUMB			ER FILED		NUMBER	EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))]		\$ <u>0</u>	OR		\$ <u>0</u>
	AL CLAIMS CFR 1.16(c))		minı	ıs 20 =	* 0] [x \$ <u>9</u> =	0	OR	x \$ 18 =	0
	EPENDENT CLA CFR 1.16(b))	AIMS	minus 3 =		* 0] [x <u>43</u> =	0	OR	x <u>86</u> =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) 0] [+ <u>140</u> =	0	OR	+ 280 =	0
* If the difference in column 1 is less then zero, enter "0" in column 2								TOTAL	. 0	OR	TOTAL	0
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER T	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	GHEST IMBER IOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	OR	RATE	ADDI- TIONAL FEE
NDM	Total (37 CFR 1.16(c))	*	Minus	** 2		= 0		x \$ <u>_9</u> _=	0		x \$ <u>18</u> =	0
\ME	Independent (37 CFR 1.16(b))	*	Minus	*** 3		= 0		x <u>43</u> =	0	OR OR	x <u>86</u> =	0
f	FIRST PRES	JLTIPLE DEI	LTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))][+ 140	0	OR	+ <u>280</u> =	0	
(Column 1) (Column 2) (Column 3)								TOTAL DIT. FEE	0	OR A	TOTAL DDIT. FEE	0
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NU PREV	GHEST JMBER JOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	* 27	Minus	** 1	10	=		x \$ <u>9</u> =	0	OR OR OR	x \$=	0
	Independent (37 CFR 1.16(b))	* 10	Minus	*** 4	0	=		x <u>43</u> =	. 0		x <u>86</u> =	0
	FIRST PRESENTATION OF		ULTIPLE DEPENDEN		VT CLAIM (37 CFR 1.16(d))			<u> 140</u> =	0	OR	+=	0
(Column 1) (Column 2) (Column 3)									0	OR A	TOTAL DDIT. FEE	0
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NI PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAI FEE
	Total (37 CFR 1.16(c))	*	Minus	**		=		x \$ <u>9</u> =	. 0	OR	x \$ <u>18</u> =	0
	Independent (37 CFR 1.16(b))	*	Minus	***		=	\prod	x <u>43</u> =	. 0	OR OR	x <u>86</u> =	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ 140 =	= 0	OR	+ 280 =	0
		mn 1 is less than the					A	TOTA DDIT. FEI		OR _A	TOTAL ADDIT. FEE	0
** If	the "Highest Nur	mber Previously Paid ber Previously Paid I	For" IN THI	S SPACE	E is less than 3	, enter "3".	ıd in th	ne appropri	ate box in colu	mn 1.		

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